SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

(e)

End-of-year assets

(d)

Total income

2016

Open to Public Inspection

(f)

Direct controlling

entity

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

(b)

Primary activity

(c)

Legal domicile (state

or foreign country)

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du	ations. Couring the t	omplete if t ax year.	he organization a	nswered "Yes" or	Form 990, Part	IV, line 34 beca	use it ha	ad	
	(a) Name, address, and EIN of related organization	Prima	(b) ry activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	(g) ion 512(b)(13) controlled entity?	
								Yes	No	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
	and Developing And Marine and the Landau Company of the Town Co.						0.1			

Name, address, and EIN (if applicable) of disregarded entity

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Section 5 contr enti) 12(b)(13) olled ity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es l	No
1	During the tax year, did the organization engage in any of the following transactions with one or n						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
b	Gift, grant, or capital contribution to related organization(s)				1b		
С	Gift, grant, or capital contribution from related organization(s)				1c		
d	Loans or loan guarantees to or for related organization(s)			[1d		
е	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		_
h	Purchase of assets from related organization(s)				1h		
ï	Exchange of assets with related organization(s)				1i		_
- ;	Lease of facilities, equipment, or other assets to related organization(s)				1j		
,	Lease of facilities, equipment, of other assets to related organization(s)				•,		
l,	Logge of facilities, aguinment, or other assets from related arganization(a)				1k		
k	Lease of facilities, equipment, or other assets from related organization(s)						
1	Performance of services or membership or fundraising solicitations for related organization(s) .				11		
m	3				1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
0	Sharing of paid employees with related organization(s)				10		_
р	Reimbursement paid to related organization(s) for expenses				1p		
q	Reimbursement paid by related organization(s) for expenses				1q		
r	Other transfer of cash or property to related organization(s)				1r		
s	Other transfer of cash or property from related organization(s)			[1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp	plete this line, inclu	ding covered relations	ships and transaction	n thres	sholds	3.
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining	amount	involve	bé
		type (a-s)					
							—
/4\							
(1)							
(0)							
(2)							
(0)							
(3)							
(4)							
(5)							
(6)							

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501	partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging	(k) Percentage ownership
			sections 512-514)	Yes No				Yes	No		Yes	No	
(1)													
(2)													
(3)													
<u>(4)</u>													
(5)													
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(7)													
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(10)													
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(13)													
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(15)													
(16)													
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Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.							